Voucher	No.
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Report of Lease Property Returned to Vendor

Transferred From				Transferred To			
Contact's Name	tact's Name ICD		Name of Vendor	Name of Vendor			
Phone No.	Building/Room		Full Address	Full Address			
CAN Custodial Code							
Name of last user of property			Contract/P.O. No	Contract/P.O. No.			
I certify that: (check one) Form NIH 2683, "Certification that Property is Free from Hazards," has been completed and attached to each property item. All property items listed are EXEMPT from hazardous clearance procedures since they were not used in laboratory or clinical areas. Approval (Signature of Lab or Branch Chief) Date		,	Explain reason for return of property				
Signature of Property Custodial Officer		Date	Vendor's Accepta	Vendor's Acceptance Signature Date			
ICD Property Representative Date		Printed Name					
Decal No.		Description		Serial No.	Condition	CLR	
						·	
Processed by Property Accountabil	ity Section, PPB (employee's name)	Date	Processed by Property Utiliz	zation Section, PPB (employee's name)	Date		

NIH 649-6 (12/94)

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-- ICD Property Representative